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CONFIRMATION NO. 7976

<b>SERIAL NUMBER</b> 10/768,999	<b>FILING OR 371(c) DATE</b> 01/30/2004 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> P-9091.06
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/207,725 07/29/2002 PAT 6,718,208 which is a CON of 09/670,441  
 09/26/2000 PAT 6,449,507  
 which is a CIP of 09/433,323 11/03/1999 PAT 6,266,564  
 which is a CON of 09/070,506 04/30/1998 PAT 6,006,134  
 which is a CIP of 08/640,013 04/30/1996 ABN

CHZ  
 7/18/06

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

NONE CHZ  
 7/18/06

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 06/13/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Carl R. Layne</i> Examiner's Signature	Initials <i>CHZ</i>			

**ADDRESS**

27581

**TITLE**

Method and system for nerve stimulation prior to and during a medical procedure

<b>FILING FEE RECEIVED</b> 2468	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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